



# Brighton<sup>SM</sup>

500 South 4<sup>th</sup> Avenue – Brighton, Colorado 80601  
Human Resources (303) 655-2098  
An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Date you are available to start: \_\_\_\_\_

Are you related to any current City of Brighton employee or Elected Official? If yes, state name and relationships. \_\_\_\_\_

Are you legally eligible for employment in this Country? ☐ Yes ☐ No

(Proof of U.S. Citizenship or Immigration Status will be required upon Employment)

Are you at least 18 years of age? ☐ Yes ☐ No

Name (Last, First, MI): \_\_\_\_\_ Driver's License or CO ID: \_\_\_\_\_  
For background check (required)

Present Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
(If Different) Street City State Zip Code

Email Address: \_\_\_\_\_

Phone number where we can contact you or leave a message: (\_\_\_\_) \_\_\_\_\_

## EDUCATION

High School Graduate/GED: ☐ Yes ☐ No If "No," what is the highest grade completed? \_\_\_\_\_

Schools Attended: High School, College or Business, Trades, Technical Training

Name and Location Of School	Did you Graduate?	No. of Hours Completed	Major/Minor Course of Study	Type Received Degree, Certificate, or Diploma

License Certificate Issued By:	Field/Trade	License Certificate Number	Date of Issue	Expiration Date

**Skills and Qualifications** – Summarize any special training, skills, license, certificates and/or characteristics that may qualify you as being able to perform job-related functions for the position which you are applying. \_\_\_\_\_

Driver's License Classification (if required for job) \_\_\_\_\_

# EMPLOYMENT HISTORY

List your work history below beginning with your present or most recent position. Emphasize your specific tasks and supervisory or technical responsibilities. Give specific attention to the experience related to the position for which you are applying. Please complete thoroughly even if attaching a resume.

Employer's Name:		Kind of Business:			
Employer's Address:		Phone Number:			
Your Job Title:		From: (mm/dd/yy)	To: (mm/dd/yy)	Hrs. Per Week	Current Salary:
Supervisor's Name:	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving:	
Duties: _____ _____ _____ _____					

Employer's Name:		Kind of Business:			
Employer's Address:		Phone Number:			
Your Job Title:		From: (mm/dd/yy)	To: (mm/dd/yy)	Hrs. Per Week	Current Salary:
Supervisor's Name:	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving:	
Duties: _____ _____ _____ _____					

Employer's Name:		Kind of Business:			
Employer's Address:		Phone Number:			
Your Job Title:		From: (mm/dd/yy)	To: (mm/dd/yy)	Hrs. Per Week	Current Salary:
Supervisor's Name:	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving:	
Duties: _____ _____ _____ _____					

Comments (including explanation of any gaps in employment/additional sheets or resume may be attached) \_\_\_\_\_

To insure that you are not placed in a position which might be a hazard to you or others, a physical examination prior to appointment of a position may be required. Final appointment for those specific positions will be contingent upon results of the physical examination.

I also authorize the City of Brighton to conduct such review of my background, employment history, credit standing, police records, driving record, and medical history as may be necessary to determine my suitability for employment in the position(s) I am seeking. Unless otherwise expressly stated within. I hereby authorize my former employers to release any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith. I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above contains any misrepresentation or falsification of if any material information has been omitted. In the event that I am employed by the City of Brighton, I agree to comply with all of its orders, rules and regulations.

Were you ever discharged or have you resigned after being informed your employer intended to discharge you? If yes, please explain fully. \_\_\_\_\_

Have you ever been convicted of a felony? If yes, please explain fully. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_